

**National Finance Center
Front-End System Interface (FESI)
Health Benefit Change (181)**

Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
DOCUMENT-TYPE	A3	1	3	Indicates the type of document being processed	M	Three position numeric field. For this document the value is 181.	
AGCY-CODE	A2	4	5	The first level of the organizational structure cods used to identify the agency as defined by the National Finance Center	M	For a list of valid values, see TMGT, Table 023, Agency/Bureau	
SUBMITTING-OFFICE-NUMBER	A4	6	9	An identifying code assigned by the Office of Personnel Management to a Federal civilian personnel office authorized to appoint and separate employees and maintain personnel data.	M	For a list of valid values, see TMGT, Table 001, Personnel Office Identifier Name and Address	
BATCH-NO	A4	10	13	Number assigned to personnel by Personnel Office to identify different batches of documents	M	66XX-the document remains in suspense until corrective action is taken. 67XX-the document remains in suspense for one pass and is coded for deletion unless some type of positive action is taken.	
SSNO	A9	14	22	A unique digit number assigned by the Social Security Administration	M	Employee SSNO	
FILLER	A1	23	23	Unused field	M	SPACES	
PAY-PERIOD-NUMBER	A2	24	25	The number corresponding to the pay period for which this document is being processed	M	01 through 27	
FILLER	A30	26	55	Unused field	M	SPACES	
USER-ID	A7	56	62	The user identification of the employee entering the data	M	Seven position alphanumeric field	
DEPARTMENT-CODE	A2	63	64	Identifies the department of the U.S. government	M	For a list of valid values, see OPM Guide to Personnel Data Standards.	

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FILLER	A42	65	106	Unused field.	M	SPACES	
FESI-IDENTIFIER-NUMBER	A15	107	121	Identifies transactions in user's system.	O		
UEID	A20	122	141	A unique employee ID (for future OPM use).			
FESI-DOC-EFF-CN	A2	142	143	The effective century of the document	M	Two position numeric field	
FESI-DOC-EFF-YR	A2	144	145	The effective year of the document	M	Two position numeric field	
FILLER	A5	146	150		M	SPACES	
FEHB-TRAN-CODE	A1	151	151	The type of action being taken regarding FEHB coverage.	M	One position numeric field. 2= Termination due to 365 days of consecutive days in non-pay status 4= Termination by carrier (employee does not pay dues) 7= Reinstatement (employee reinstated to FEHB, returned from military duty or correction of erroneous termination of enrollment) 8= Transfer from one department to another 9= Transfer of FEHB enrollment to OWCP For new agency conversions, use '8'.	
FILLER	A2	152	153	Unused field	M	SPACES	
HB-PLAN-CODE	A2	154	155	Identifies the carrier of the applicable benefit. Codes are assigned by OPM through NFC as new plans are	M	For a list of valid values, see the annual Payroll Office Letter that contains information about	

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				implemented.		the Federal Employee's Health Benefits Program	
HB-OPTION-CODE	A1	156	156	Indicates the option coverage (high standard) and the type of family coverage (self family)	M	One position numeric field Valid values : 1= High-Self 2= High-Family 4= Standard-Self 5=Standard-Family	
FEHB EVENT CODE	A1	157	157	A 1-digit number used to identify the category a transaction falls under for the carrier record keeping and reporting purposes.	M	One position numeric field. Valid values: 2= Correction 3= Reinstatement 6= Other For new agency conversions, use '6'.	
FEHB-ADJUST-FLAG	A1	158	158	Used to determine if the system should compute a retroactive collection on new enrollments, transfer-ins, and reinstatements where the date of the SF-2809 is prior to the beginning date of the pay period in which the SF-2809/SF-2810 is processed	O	One position alphanumeric field. Y= Yes Indicates an automatic deduction for a lump sum payment in one pay period for the total FEHB debt. N= No Indicates the employee wants to prorate the past due FEHB debt. Leave blank if the effective date is the same as the processing pay period. If an employee is currently enrolled in FEHB under an incorrect coverage code, an AD-343 must be submitted for the adjustment.	
DATE-HB-ELECTION-EFF-MO	A2	159	160	The effective month of the election	M	Two position numeric field	

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DATE-HB-ELECTION-EFF-DA	A2	161	162	The effective date of the election	M	Two position numeric field	
DATE-HB-ELECTION-EFF-CN	A2	163	164	The effective year of the election	M	Two position numeric field	
DATE-HB-ELECTION-EFF-YR	A2	165	166	The effective century of the election	M	Two position numeric field	
HB-PAY-FULL-PREMIUM-IND	A1	167	167	Indicates whether a temporary employee enrolled in FEHB pays full premium	O	Y= the employee is in a temporary position and must pay both employee and Government share of the health benefit premium. N= the employee is in a temporary position and previously held a permanent position, without a break in service, and pays only the employee share of health benefits premium. If 'N' is shown, the SF-2810 rejects to suspense for verification of full premium payments. If not applicable, send a space.	
HB-CARRIER-PLAN-CODE	A2	168	169				
HB-PRODUCT-TYPE	A2	170	171				
HB-ENROLLMENT-AREA	A2	172	173				
HB-ENROLLMENT-TYPE	A1	174	174				

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HB-RESERVED	A3	175	177				
HB-REMARK-1	A39	178	216	Remarks related to the FEHB enrollment.	O	Thirty-nine position alphanumeric field If not applicable, send spaces.	
HB-REMARK-2	A39	217	255	Remarks related to the FEHB enrollment	O	Thirty-nine position alphanumeric field If not applicable, send spaces.	
HB-REMARK-3	A39	256	294	Remarks related to the FEHB enrollment	O	Thirty-nine position alpha numeric field If not applicable, send spaces.	
HB-REMARK-4	A39	295	333	Remarks related to the FEHB enrollment	O	Thirty-nine position alpha numeric field If not applicable, send spaces.	
HB-REMARK-5	A39	334	372	Remarks related to the FEHB enrollment	O	Thirty –nine position alpha-numeric field If not applicable, send spaces.	
HB-REMARK-6	A39	373	411	Remarks related to the FEHB enrollment	O	Thirty-nine position alphanumeric field If not applicable, send spaces.	
HB- NEW-PAYROLL-OFFICE	A35	412	446	The new payroll office or retirement system when FEHB is transferred to OWCP.	O	Thirty-five position alphanumeric field If not applicable, send spaces.	
HB-TAX-DEFERRED-CODE	A1	447	447	Identifies whether FEHB deductions are tax deferred	M	One position field Y= Deferred N= Non-deferred	
FILLER	A3003	448	3450	Unused Space	M	SPACES	